

# RAMONA MUNICIPAL WATER DISTRICT

ATTN: CROSS-CONNECTION CONTROL  
105 EARLHAM STREET RAMONA CA 92065  
PHONE: 760-789-1330 FAX: 760-788-2202

## CROSS-CONNECTION FIELD TESTING AND MAINTENANCE FORM

ACCOUNT #

SERVICE ADDRESS:

CUSTOMER NAME & MAILING ADDRESS

MANUFACTURER:

MODEL:

SERIAL #

TYPE:

SIZE:

METER#

METER SIZE

LOCATION:

NEW INSTALLATION:

YES ( ) NO ( )

REASON BACKFLOW REQUIRED:

This field-testing and maintenance form provided by the District must be completed by the repair and test contractor, signed by the contractor and returned to the water district. A San Diego County certified backflow tester must perform all testing. If repairs to the device are needed, then the unit will require retesting before it can be recertified. Repair forms from other districts and counties will not be accepted. Your form must be completed and returned to the District by the specified deadline or your water service will be subject to termination.

TESTER NAME \_\_\_\_\_ TEST DATE: \_\_\_\_\_ TEST TIME: \_\_\_\_\_

SAN DIEGO COUNTY CERTIFICATION # \_\_\_\_\_ GAUGE SERIAL # \_\_\_\_\_

CHECK #1	CHECK #2	COMPANY NAME: _____
TIGHT [ ]	TIGHT [ ]	ADDRESS: _____
FAILED [ ]	FAILED [ ]	CITY/STATE/ZIP: _____
APPARENT PSID: _____		TELEPHONE: _____
ACTUAL PSID: _____		REPAIRS REQUIRED: YES [ ] NO [ ]
RELIEF VALVE OPENED AT _____	PSID _____	REPAIRS DONE: _____
DIFFERENTIAL PRESSURE _____	PSID _____	_____

LINE VALVE #1	PASSED [ ]	FAILED [ ]
LINE VALVE #2	PASSED [ ]	FAILED [ ]
TEST COCKS	PASSED [ ]	FAILED [ ]

PSI AT BACKFLOW ASSEMBLY

METER READ:

TESTER COMMENTS: \_\_\_\_\_

DATE OF TEST AFTER REPAIRS: \_\_\_\_\_

PASSED [ ] FAILED [ ]

THIS BACKFLOW ASSEMBLY HAS BEEN  
PROPERLY TESTED AND PASSED BY: \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_